

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		2				
2							52		2				
3							53		1				
4							54		1				
5							55	1					
6							56						
7							57						
8							58						
9	1						59						
10							60						
11							61						
12							62						
13							63		2				
14							64		2				
15							65		2				
16							66		2				
17	1						67		2				
18							68		2				
19							69		2				
20							70						
21							71						
22							72						
23							73						
24							74						
25	1						75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33		2					83						
34		2					84						
35		2					85						
36		2					86						
37		2					87						
38		2					88						
39		2					89						
40	1						90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		2					98						
49		2					99						
50		2					100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						